



APPLICATION FOR AN AMENDMENT TO THE OFFICIAL ZONING MAP GREENSBORO ZONING COMMISSION

Location of property: _____

Zoning change requested from: _____

to: _____

Guilford County Tax Map Number: Map _____ Block _____ Lot(s) _____

Property owner(s) of area requested and address(es): _____

- Also submit names and addresses of owners of property immediately adjacent to the area requested on all sides and across any street(s) (attach separate sheets).
- A metes and bounds description, deed drawing of the area involved or a reference to lots in an approved subdivision on the entire property requested for change is attached.
- Application fee for request containing:
 - Less than one acre \$250.00
 - One acre to 4.99 acres \$600.00
 - Five or more acres..... \$1000.00

If this application is for a Conditional Zoning District, a Conditional Zoning application must also be included.

This application must be filed with the Planning Department by 5:00 p.m. on the Friday which is at least 38 days before the meeting at which it is to be considered and may be withdrawn without penalty no later than 24 days prior to the public hearing.

No rezoning application for the same rezoning classification involving the same property or any part thereof shall be filed until the expiration of twelve (12) months from the date of public hearing or final determination. A second rezoning request for all or part of the same property may be submitted for a different zoning classification, provided however that a maximum of two (2) applications may be filed within any twelve (12) month period. (See Section 30-3-12.2 of the Development Ordinance.)

It is understood by the undersigned that the Zoning Map, as originally adopted and as subsequently amended, is presumed by the Zoning Commission to be appropriate to the property involved and that the burden of proof for a zoning amendment rests with the applicant. AN APPLICANT IS ENCOURAGED TO DISCUSS THE PROPOSAL WITH AFFECTED PROPERTY OWNERS.

Signature of Applicant

Received and found to be complete:

By: _____

Date: _____

Address of Applicant

Business Telephone

Email: _____